

FROM McANDREWS, HELD, & MALLOY

(MON) 4.10'06 18:45/ST. 18:45/NO. 4861050279 P 1



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

APR 10 2006

ARO PLEASE DELIVER RETURN RECEIPT TO
MICHAEL T. CRUZ

TELEPHONE: (312) 775-8084

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Inder P. Mehra
Examiner, Art Unit 2866

FAX NO.: (571) 273 - 8300

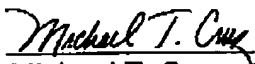
FROM: Michael T. Cruz

CLIENT: 1772

MATTER: 15977US01

Number of Pages This Transmission (Including Cover Page): 17

I hereby certify that the attached correspondence, including an amendment (12 pages), a fee transmittal (1 page), a transmittal (1 page), and a petition for a one-month extension of time (2 pages since filed in duplicate), is being facsimile transmitted to the United States Patent and Trademark Office at (571) 273 - 8300 on April 10, 2006.


Michael T. Cruz
Reg. No. 44,636

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

BEST AVAILABLE COPY

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/927,125
		Filing Date	August 10, 2001
		First Named Inventor	Lich Le
		Art Unit	2668
		Examiner Name	Inder P. Mehra
		Attorney Docket Number	15977US01
Total Number of Pages in This Submission		16	

 RECEIVED
 CENTRAL FAX CENTER
 APR 10 2006
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (12 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Extension of Time Request filed in Duplicate.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz
Date	April 10, 2006

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to Inder P. Mehra, an Examiner of the United States Patent and Trademark Office, at (571) 273 - 8300 on April 10, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	April 10, 2006

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PAGE 3/17 * RCVD AT 4/10/2006 8:47:34 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/20 * DNIS:2738300 * CSID:3127079155 * DURATION (mm-ss):04-36